

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | | |
|--------------|-----------|-------|
| SERIAL NO. | 09/701332 | FILED |
| APPLICANT(S) | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | 23 | 22 | 22 | | | |
| TOTAL CLAIMS | 24 | 23 | 23 | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

Best Available Copy